HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES		FORM B		rage i or
	or New Members, C	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTE:	OURCE CENTE:
CAROLO 10			18 MAY -9 PH 3: 28	PH 3: 28
Name: Con Oct O State O A C	Dayume relephone:		I.S. HOUSE OF REPRESENTATIVES	ESENTATIVE?
New Member of or Candidate for State: CA U.S. House of Representatives District: 26 Candidates - Date of Election: JUNE 5 20/8		Check if Amendment	(Office	(Office Use Only)
New Officer or Employee Staff Filer Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, <u>2017</u> to <u>MA7</u> 2018	A \$200 penaity shal individual who files	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	HESE QUESTIC	SNC		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	8	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing?	Yes V No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No O	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rarrangement with an	Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. D.	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a	Yes V No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	SPONDING SCHE	DULE IF YOU ANSWER "YES"		
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	FORMATION -	ANSWER <u>BOTH</u> OF THESE	E QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other 'shild?	"excepted trusts" need not be disclosed. H	Have you excluded	Yes No V
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ome, or liabilities of a spo on Ethics.		because they meet all three tests for	Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ANTONIO
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						Examples: Simon	Mega		For bank and other cash accounts, total the ame all interest-bearing accounts. If the botal is \$5.000, list every financial institution where it \$5.000, list every financial institution where it \$5.000 in interest-bearing accounts. For rental and other real property held for invest provide a complete address or description frental property, and a city and state. For an ownership interest in privately-held but that is not publicly traded, state the name business, the nature of its activities, all geographic location in Block A. Exclude: Your personal residence, including a finance and vacation homes (unbest there was geographic location homes (unbest there was income during the reporting period); and any fit interest in, or income derived from, a frettrement program, including the Thrift Savings if you have a privately-traced fund that is an Exclimentation of privately-traced fund that is an Exclimentation of the proving particials that an as income source is that of your spouse (5 dependent child (DC), or jointly held with anyon in the optional column on the far left. For a detailed discussion of Schedule A required please refer to the instruction booklet.	account that exceeds	all IRAs and other (k) plans) provide the	Provide complete names of stoc (do not use only ticker symbols).	identify (a) each asse production of income ar exceeding \$1,000 at the and (b) any other reportat which generated more income during the year.	Assets and/or	BLC
					ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5.000, list every financial institution where there is snore than \$1.000 in interest-bearing accounts. For endit and other real property held for investment, provide a complete address or description, e.g., for an ownership interest in a provisity. For an ownership interest in state the name of the business, the return of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was remainment and vacation homes (unless there was remainment program, including the Thait Savings Plan. If you have a privately-reded fund that is an Excepted investment Fund, please check the "EIF" box. If you have a privately-reded fund that is an Excepted from source is that or your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction boolet.	the account that exceeds the reporting thresholds.	or all IRAs and other retrement plans (such as others) provide the value for each asset held in	Provide complete names of stocks and mutual funds do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value proceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or income Sources	BLOCK A
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					Partnership Income	Royaltes			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			o income	Check all columns that apply. For accounts that generate tax-deferred monne (such as 4016), IRA, of 529 occurris), yourney check the "Tax-Depart occurris, young where the series of a columns, or the series of a columns of the series of the ser		
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 	 	-		-	+	Ļ	+-		\$1,001-\$2,500 < \$2,501-\$5,000 <	١٥			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
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Name: ANTONIO SAIBATO JR Page 3_ of 2

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name:	
Page 4 of 7	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

CHERYL Examples Source (include date of receipt for honoraria) ENTERTAINTENT ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct 2)
Ontario County Board of Education HARKE SALAR Spouse Speech Spouse Salary Honorarium Salary Type Current Year to Filing 0.000 \$20,000 \$0 N/A Amount 200. Preceding Year \$76,000 \$1,000 000

SCHEDULE F - AGREEMENTS

Name: ANTONIO SABATO JOZ Pa

Page 5 of 7

identify the da	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former
employer.		
Date	Parties to Agreement	Terms of Agreement
	h/h	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and	any information considered confidential as a result of	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on schedule C.
S	Source (Name and City/State)	Brief Description of Duties
Ехатрю:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
PRESIDENT	JEN7	TREVI ENTERTAINHENT
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SCHEDULE F - AGREEMENTS

Name: ANTONIO SABATO TR Page 6 of 2

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	
employer.	

Date	Parties to Agreement	Terms of Agreement
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered confidential as a result of a privileged relationship recognized by law. Lo not repeat	privileged relationship recognized by law. Do not repeat information disted on scriedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
INVISIBLE PRODUCTION	ACTOP
HILTON HEAD PRODUCTION	ACTOR
HIRA DRY	SPOKE PERSON
DUMALE	SPOKE PERSON

FILER NOTES

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(Optional)	Ċ.		Name:	Page 7 of 7
NOTE NUMBER		NO	NOTES	
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